PRACTICE TEST
STUDENT ANSWER BOOKLET

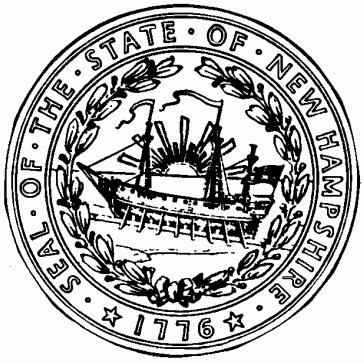
GRADE 8
WRITING

STUDENT NAME: _____

SCHOOL NAME: _____

DISTRICT NAME: _____

(PLEASE PRINT)



USE NO.2 PENCIL ONLY

INCORRECT MARKS

CORRECT MARK

STUDENT NAME

LAST NAME | FIRST NAME | MI

STATE ASSIGNED STUDENT ID

GENDER

○ Female ○ Male

BIRTH DATE

Month	Day	Year
JAN 1		
FEB 2		
MAR 3	0 0	0 0 0
APR 4	1 1	1 1 1 1
MAY 5	2 2	2 2 2
JUN 6	3 3	3 3 3
JUL 7	4 4	4 4 4
AUG 8	5 5	5 5 5
SEP 9	6 6	6 6 6
OCT 10	7 7	7 7 7
NOV 11	8 8	8 8 8
DEC 12	9 9	9 9 9

WRITING — SESSION 1

1. Ⓐ Ⓑ Ⓒ Ⓓ
2. Ⓐ Ⓑ Ⓒ Ⓓ
3. Ⓐ Ⓑ Ⓒ Ⓓ
4. Ⓐ Ⓑ Ⓒ Ⓓ
5. Ⓐ Ⓑ Ⓒ Ⓓ
6. Ⓐ Ⓑ Ⓒ Ⓓ
7. Ⓐ Ⓑ Ⓒ Ⓓ
8. Ⓐ Ⓑ Ⓒ Ⓓ
9. Ⓐ Ⓑ Ⓒ Ⓓ
10. Ⓐ Ⓑ Ⓒ Ⓓ
11. Ⓐ Ⓑ Ⓒ Ⓓ

12.

WRITING — SESSION 1

13.

WRITING — SESSION 1

14.

WRITING — SESSION 2

Use the box below to organize your writing. You may fill it in **before** you write to **plan** your response, or you may fill it in **after** you write to **check** your response. What you write in this box will be included as part of your score.

15.

16.

17.

WRITING RESPONSE

18.

WRITING — SESSION 2

WRITING — SESSION 2